prospectively collected over a 30-month period. Multivariate analysis investigated effects of best practice achievement, age and ISS on Glasgow Outcome Score (GOS) and 30 day mortality in younger and elderly patient groups.
Results: In younger patients (n = 1393), four of the 10 best practice indicators analysed showed independent significance in improving GOS ($p < 0.05$ for all), and one in independently reducing mortality ($p < 0.05$). In elderly patients (n = 896), none of the trauma best practice indicator significantly improved either outcome measure. ISS and age were independent, additive factors for GOS and mortality ($p < 0.001$).
Conclusions: With outcomes significantly worse in older patients, the lack of improvement with "best practice" indicates an important area for wider study, and may be due either to an underestimation of their injury severity, or best practice indicators inappropriate for this group.

http://dx.doi.org/10.1016/j.ijsu.2016.08.054

0431: EXTENDING INDICATIONS IN ROBOTIC PARTIAL NEPHRECTOMY: THE DEVELOPMENT OF THE PRACTICE AFTER 200 CASES

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Aim: Robotic partial nephrectomy (RPN) is becoming the gold standard technique in the surgical management of small renal masses. Our aim is to assess development of RPN within one centre over 5 years to measure quality outcomes and changes in case complexity.
Method: A prospective database of 200 elective cases from one institution was chronologically split into 4 groups of 50 patients: peri-, intra-and post-operative outcomes were compared. We compared length of stay, tumour size, warm ischaemic time (WIT), operative time and PADUA score.
Results: 181 cases were performed transperitoneally with 4 conversions to radical nephrectomy for tumour factors. There were no conversions to open surgery. Complications consisted of 1 transfusion, 5 positive margins and 3 Clavien IIIa/b complications.
In comparing groups 1 and 4, mean PADUA score increased from 7.11 to 7.63 ($p = 0.045$), mean length of stay decreased from 3.76 to 2.6 days ($p < 0.001$), mean WIT decreased from 18.3 to 16.4 minutes ($p = 0.0245$), mean operative time decreased from 180 to 162 min ($p = 0.012$).
Conclusion: Despite taking on more complex cases, we have reduced length of stay, WIT and operative times. With increased experience, it is possible to broaden the suitability of patients for RPN without compromising outcomes.

http://dx.doi.org/10.1016/j.ijsu.2016.08.055

Posters of distinction prize session 1

0166: THE ROLE OF SURGICAL TRAINEES IN IMPROVING MEDICAL STUDENT ENGAGEMENT WITH SURGERY

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Aim: With changes to postgraduate training and a reduction in the number of surgical foundation posts, the student experience of surgery is evermore important for recruiting the surgeons of tomorrow. We undertook a quality improvement project to examine whether a structured, trainee-led teaching programme can improve interest in surgical careers.
Methods: During a five-day general surgery attachment, fourth year medical students were mentored by a surgical trainee. A trainee-led structured teaching programme was centred on the team's theatre list.
Results: 46 students participated. 58% reported more interest in a surgical career immediately after the project. Students enjoyed having a mentor, helping with clinical tasks and feeling more integrated within the team. Six months after the project, 45% reported more interest in surgery than at baseline.
Discussion: We have shown that a brief trainee-led programme can increase student interest in surgical careers and that this interest persists over time. As students enjoy practical sessions and being involved in team activities, the operating theatre is a good environment for trainees to discuss surgical training and engage students in teaching. We propose this model should be expanded to all surgical specialties to increase student exposure to a range of surgical careers.

http://dx.doi.org/10.1016/j.ijsu.2016.08.066

0965: HEAD AND NECK CANCER-RELATED LYMPHOEDEMA AND POTENTIAL SURGICAL OPTIONS

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Aim: To report on the increasing burden of head and neck cancer-related lymphoedema (HNCRL), and to identify and evaluate the efficacy of surgical techniques for the treatment of this condition.
Method: Medline was searched from inception to identify relevant articles on surgical techniques used for the treatment of HNCRL. All studies reporting on the application and efficacy of these techniques were included.
Results: The epidemiology of head and neck cancer is changing, and more patients are surviving the disease and living for protracted periods with HNCRL. Conservative therapies yield reasonable outcomes but require lifelong compliance. Our literature search retrieved six studies reporting on the application of surgery to the management of HNCRL, and the current techniques include liposuction, lymphatico-venous bypass, lymphatico-lymphatic bypass and autologous lymphatic transfer. Whilst yielding promising outcomes, these reports are observational studies and are limited by small sample sizes.
Conclusion: Surgery presents an attractive, potentially curative alternative to time-consuming, lifelong compliance with compression and physiotherapy for the management of HNCRL. However, there remains clear research needs. Standardized methods for diagnosing and characterizing HNCRL are lacking, and randomized controlled trials are necessary to elucidate the true effectiveness of these techniques. The management of HNCRL is an exciting challenge.

http://dx.doi.org/10.1016/j.ijsu.2016.08.067

0217: WEEKEND HOSPITALIZATION AND MORTALITY RATES

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Aims: Recent publications suggest higher mortality in patients admitted at the weekend. The aim of this study is to analyse whether there is an increased risk of death when admitted on a weekend compared to weekday admissions in a single Health Board in Wales.
Method: A retrospective observational study was conducted over a 3-year period from April 2012 to March 2015 inclusive. We analysed the number of deaths on each day of the week. These deaths were correlated to their day of admission.
Results: 448,827 patients were admitted during this 3-year period. 8099 deaths occurred. The crude mortality rate for elective and emergency admissions on a weekday was 1.5-1.7% whereas it was 2.8-2.9% for all admissions on the weekend. The average mortality rate for emergency admissions over the weekend was 3.2% with 95%CI [3.05% to 3.36%] and for the weekdays was 3.05% with 95% CI [2.97% to 3.13%]. No significant difference for mortality rate by weekend and weekday ($p=0.243$) when excluding elective admissions.
Conclusions: This study clearly demonstrates that mortality rates are unrelated to the day of admission in our Health Board. This suggests that